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CONFIRMATION NO. 1416

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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	MN	11	20

ADDRESS

MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MN 55432-9924
 UNITED STATES

TITLE

Data exchange web services for medical device systems

FILING FEE RECEIVED 1208	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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